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Imbecility with Insanity.

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Reprint  
FROM  
*The American Journal of Insanity,*  
Utica, October, 1888.





## IMBECILITY WITH INSANITY.\*

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Idiocy is a mental defect depending upon malnutrition or disease of the nervous centres, occurring before birth, or before the evolution of the mental faculties in childhood. Imbecility is an arrest of mental development at a subsequent period prior to the full maturity of the mental faculties. In this paper it is my design to exclude idiocy and epileptic imbecility, the latter being due to a constantly acting exciting cause, and a condition more nearly allied to dementia than to imbecility. In my experience many grades of imbecility come under our notice in asylums, some of which are nearly allied to idiocy and others are associated with such a degree of mental development as to render it difficult to detect at first glance any glaring mental defect. Some imbeciles are defective physically as well as mentally. They have coarse features, large-lobed, misshapen ears, defective teeth and badly shaped heads. They speak a few simple words, but are unable to frame sentences or to express the simplest abstract idea. They often acquire habits of industry and an ability to do rough routine work satisfactorily, but cannot acquire a trade and rarely if ever possess any mechanical skill. If carefully guarded at home from the persecutions of vicious and unfeeling persons, they frequently go through life quiet, harmless and not unuseful members of society. If plagued by their companions they become irritable and violent and often require the seclusion and restraint of an asylum, for no other reason than the fact that they have attempted to live among semi-savages. They are not capable of much education. As far as I now recollect, no case of undoubted insanity in an imbecile of this class has come under my observation. A second class can converse correctly and formulate simple ideas readily. In some instances in fact they converse quite well and often display much shrewdness in their remarks. They are vain, quarrelsome, irritable, not very teachable, and are usually unable to read or write. They are generally free from delusions, but are perverted and disagreeable and a cause of discomfort to those with whom they come in contact. They have

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\* Read at the annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Old Point Comfort, Va., May 15-18, 1888.





little manual dexterity, and no ability to learn how to do work. Their perceptive faculties are good; their reasoning powers and applied faculties are *nil*. The following case will serve as an example of this form of disease. A. S., seventeen years of age at admission, and now twenty-five, a female, a native of Michigan, of American parentage, was admitted to the Eastern Michigan Asylum in December, 1879, and is still an inmate. She is unable to read beyond a few letters, and has never learned to write. She has never been bright. Her head is small and misshapen, her figure unsymmetrical, and her expression of countenance indicative of low cunning. She lived at home until the age of sixteen, when she became unmanageable, and was transferred to the county almshouse for custodial care. There she consorted with vicious paupers of the other sex, and was so disorderly as to be sent to the house of correction. At the house of correction her insanity was soon recognized and she was sent back to the county to be lodged in jail as the only place of refuge left for her. Her mental disorder has been characterized by restlessness, violence, lewdness and insane impulses. She has frequently attempted suicide without being depressed, or without any adequate reason. She is excessively loquacious, and her conduct is lacking in sense of propriety. She is fond of dress and display, and many of her outbursts of excitement seem due to a perverted desire to make a sensation. If she is associated with a patient suffering from extreme mental disturbance she is usually interested and helpful. If, however, she resides in a quiet hall, she usually improves the occasion to render it as disturbed as possible. As a rule she goes to work as methodically and painstakingly to create a disturbance as a Chinaman prepares for his annual debauch. In the commencement of a period of mental disturbance it is sometimes possible by conversation, active exercise, or suitable medication to avert the storm. Generally, however, the mental storm is only temporarily averted by any measures, and eventually breaks with increased fury at last. She is excessively noisy, violent, destructive—especially to glass, and inclined to injure herself recklessly. After eight years of asylum residence her mental condition is in little degree more comfortable than when she came. She has never manifested any delusions.

A third class comprehends imbeciles of a better grade of mental development, who have palpable delusions and are influenced in their conduct by them. Among males the characteristic delusions are generally those of apprehension, due possibly to the persecu-

tions which the feeble-minded usually encounter, and undoubtedly in many cases to vicious personal habits. G. P., male, aged 33, single, native of Pennsylvania, common laborer, no religion, no education, an intemperate father, addicted to masturbation and the use of liquors and tobacco. He has always been feeble-minded, slow of speech, and quick-tempered. His head is ill-shapen. His attack of insanity, which is of one year's duration, is ascribed to an injury to the head. About a year ago he returned home bearing a scalp-wound over the left parietal bone, which he said had been inflicted with a club. His insanity was first noticed after the accident, but his friends ascribe the attack to drink. He first destroyed furniture, assaulted his friends and attempted suicide. After this outbreak he was quieter, but remained for many months excitable and dangerous. He finally attempted to throw himself in front of a moving train and was taken to jail for safe-keeping. When brought to the asylum he was moody and irritable and very apprehensive of personal injury. He was afraid to take his meals in the dining-room, and required to be urged to go, or was taken by force. Under asylum treatment he remained moody and apprehensive for many months. He had frequent collisions with his fellow patients, and displayed many causeless aversions to his attendants. He was unwilling to speak except in a whisper. After the lapse of four years he began to employ himself usefully, and for a year past has been able to work regularly in the laundry, and is now probably as well as he has ever been. His delusions of apprehension undoubtedly originated from the persecutions which he had been subjected to for many years on the part of thoughtless and unfeeling boys. He now discharges his duties punctiliously and faithfully, and is fond of approbation. He seeks the society of others and seems pleased to meet strangers.

Among females the delusions of imbeciles are often of a religious or sexual character and generally of both combined. The following case illustrates imbecility with religious and sexual delusions:

A. L. M., female, age 55, single, native of Michigan, merchant's daughter; father, mother and paternal aunt insane, the father committed suicide and the mother had delusions of coming to poverty; a cousin, C. J. Guiteau, murdered President Garfield. As a child she was bright, but possessed an impressible organization, which unfortunately was taken advantage of by her father to conduct some experiments in mesmerism. She was an excellent subject,



but the effect was to arrest her growth, and she has not developed mentally since she was twelve years old. She became feeble in mind, unduly religious and deeply emotional. While at church she was invariably moved to tears at some stage of the service and sobbed so loudly as always to require to be quieted by a companion. Until the grand climacteric she showed no active delusions, but was simply feeble of intellect and silly. At the age of forty years however she began to develop erotic delusions. She fancied that the clergyman in the pulpit—a married man by the way—made her an offer of marriage, that a literary gentleman of excellent reputation—also a married man—had broken his plighted troth, and that several others desired to marry her. She finally conceived an impression that she has been married and was to give birth to a child, and at last became so disgusting in conversation as to require asylum custody. For fourteen years past she has been an inmate of an asylum, and during all this time has been the victim of active delusions. She has had hallucinations of hearing and vision; has been quarrelsome and irritable and lacking in self-control. Her assaults upon her fellow patients, which have been frequent, have been due to delusions. There has been, in short, an active form of mental disease developed in a person of defective intellect.

In some instances, however, imbeciles suffer from well-marked acute and recurrent mania. In this connection an extract from a letter written by Dr. Carson, of the New York Asylum for Idiots, will be of interest: "Since I came here three years ago we have had two imbeciles of the micro-cephalic type become insane. They were brother and sister. The sister had acute mania and was sent to the Hudson River Hospital for the Insane. The brother had an attack two years ago, was insane for two or three months and then recovered. He remained well for nearly a year, then became insane again, and the last time had well-marked delusions. He thought his blood was all running away from him, and that he was receiving electric shocks. He is now at the Willard Asylum."

C. B., age 24, was admitted to the Eastern Michigan Asylum nearly six years ago. There is no history of any convulsive seizure. It is stated that she was a person of normal mental development up to the age of seven years, but this is doubtful. Her general appearance indicates that she had rickets as a child. Her body is short, but stout (her weight being 126 pounds, her height 4 feet 10½ inches,) and she is stooped-shouldered and

narrow-chested, with a head disproportionately large for her body. Her gait is shuffling and her muscular movements clumsy. She is able to read and to follow a copy in writing. She also dresses and feeds herself and does some routine household work. She began to menstruate at the age of ten years, and has since performed this function regularly. At the age of fifteen her admission to the New York Asylum for Idiots, then under the charge of Dr. H. B. Wilbur, was sought on account of the development of "mad fits" which her physician was sure could not be mania because she controlled herself well when in the presence of strangers. She was retained there two or three years, but her removal was finally ordered on the ground that she was an insane imbecile, and not amenable to educational advantages. Unfortunately, owing to Dr. Wilbur's death, I have not been able to get any particulars of her conduct while at this school. After being at home about a year she was transferred to the Eastern Michigan Asylum in the autumn of 1882. Upon her admission she was violent and destructive, loquacious, vulgar in language and excessively irritable. She had periods of screaming, gasping for breath and furious outbreaks of excitement for about seven months, when she became quiet and depressed for four months. This was followed by a period of mental disturbance of three months' duration, and this in turn by a period of profound mental and physical depression of several months' duration, from which she slowly emerged in such a comfortable state of mental health that her mother was able to take her home for nearly a year. After her return to the asylum she had a period of excitement lasting five months, followed by a period of stupidity and mental depression lasting nearly four months, from which as before she slowly recovered so as to go home with her mother—this time for a period of about five months. She was again returned in consequence of the development of maniacal excitement which lasted for four months, and was succeeded by a period of quiet. Similar alternations have occurred up to the present time. Perhaps I should add that when she is depressed she has a delusion that she will die, and talks much of death. Her disease in fact has assumed all the characteristics of *folie circulaire*. The symptoms which have characterized her outbreaks suggest the query whether after all pubescent insanity, with its alternations of excitement and stupidity, or elation and depression, is not in all essential respects an allied condition. There are indeed many reasons to think that in cases of pubescent insanity an arrest of mental development,



and a consequent condition of imbecility develops at the age of puberty. In reviewing those cases of pubescent insanity which have come under my attention I am deeply impressed with the developmental character of the disorder.

In other imbeciles systematized delusions of persecution often develop in consequence of some untoward event which excites their fears or gives rise to a severe mental shock. The following will serve as an example:

J. K., age 29, single, native of Germany, a farm laborer with limited education, but able to read and write, of good habits, amiable, kind-hearted and industrious, but lacking in judgment, easily imposed upon and unsuccessful in business, was admitted to the Eastern Michigan Asylum in April, 1887. He had a small, badly-shaped head and disproportionately large ears, and had never been considered bright. He has, however, been able to do routine farm work successfully, and had been respected and self-supporting. For several years previous to his admission he had resided with a respectable farmer. During the past few months he became impressed with the idea that his employer's daughter had promised to marry him. He also under a similar impression that the wedding day had been set, had purchased a wedding suit and made arrangements for the marriage. He subsequently acknowledged that he had never had any conversation with the girl upon the subject of marriage, nor had he ever spoken to her parents about it, but he "knew" from his feelings that she reciprocated his affection, and that her parents designed to have him marry her. He finally became so open in his matrimonial intentions that his employer ordered him to leave the house, and after much difficulty succeeded in convincing him that his attentions to the girl were unwelcome. He immediately began to complain that the girl had "jilted" him, and conceived the idea that her parents had turned against him and were persecuting him. In his despair he procured a revolver and started for the woods to destroy himself, but his intention was discovered, and he was pursued by friends, when in an agony of apprehension and fearing immediate personal injury he turned and fired upon them, fortunately without effect. He was at once disarmed and transferred to the asylum. Upon coming he was thin in flesh, timid and apprehensive. He took food irregularly, through fear of poison, and slept badly. He had some appreciation of his condition, and recognized that his mind was unbalanced. His conversation was coherent, but his mind acted slowly. He seemed



grateful for attention, showed much kindness of heart towards the sick, and was free from unpleasant traits. Under careful management his apprehensions were allayed, and he improved rapidly in bodily health. His delusions also disappeared, and he was able to go home with a relative upon trial in about three weeks, apparently as well as usual. In this case no cause could be assigned for his attack except an attendance upon special religious meetings.

I now approach another class of imbeciles with considerable hesitation because a consideration of their characteristics brings up immediately the question of moral insanity, so-called. I refer to cases of imbecility with moral perversions. In these unfortunate persons there seems to be a normal and, in fact often an undue development of the perceptive faculties, emotions and organic impulses, and a corresponding deficiency of reasoning and inhibitory powers. In all persons of this class with whom I have come in contact the degree of mental development is about equal to that of a person of average mental capacity at puberty, and beyond this point the unfortunate moral imbecile never seems to go. Up to the age of puberty, for obvious reasons, their mental deficiencies are not apparent, but when they pass this age and begin to feel the stirring of physiological impulses their mental deficiency becomes patent to all. The more their characteristics are studied the more evident it becomes that the apparent moral defect is really a mental deficiency. They are incapable as a rule of reasoning or of taking the "sober second thought" which is so essential to sound and correct action, but are the creatures of wayward impulses and go wrong because they have no will-power to go right. The immorality of their lives and the depravity of their conduct do not spring from deliberate choice or a settled action of the will, but from organic impulses which they have not the will to control or the reasoning powers to understand that such control is essential to future happiness and well-being. In my experience they are not wantonly cruel or utterly depraved. They have some good impulses, but more bad ones, and are wicked because they have not will-power enough to be good. The proof of these statements is largely found in the fact that they go on from bad to worse, and invariably, in the asylum or out of it, become hopelessly demented. They generally come from neurotic, depraved or insane families. A single case will serve as an example: I. D. V., a female, seventeen years of age, had an intemperate, dissolute and depraved father, an insane mother and sister, and a "ne'er-do-well" brother who was an inmate of a

reformatory. She graduated from a county poorhouse to the State Public School, where many ineffectual efforts were made to "bind her out"—ineffectual because of her bad conduct—and from the State Public School to the Girl's Reform School, and finally after three years in the latter, became an inmate of the Eastern Michigan Asylum because of the development of suicidal and violent impulses. She was neat in dress, attractive in appearance, and had considerable taste and ability in dress-making and fancy work. She was free from delusions, but was seemingly destitute of any self-regulating power. She was childish in her relations with physicians, attendants or fellow patients, and wholly unreasonable in conversation and conduct. She was jealous, suspicious, irritable and depraved. She had a great craving for approbation, and if petted, praised and made much of, was amiable and pleasant, but if for any reason she imagined herself to be slighted she yielded to sudden and most violent impulses. She attempted to dash out her brains, to destroy glass, pictures and furniture. She was frequently able, when everything was favorable, to avoid an outbreak for several months, but the storm sooner or later came with disastrous fury. She usually assigned some trivial cause for her conduct, and seemed incapable of reasoning in a manner to combat her destructive impulses. Her last period of fury, which followed eight months of composure, was of a year's duration and resulted in a confirmed state of chronic mania with great incoherence.

A word as to causation. The causes of the development of insanity among imbeciles are not as complex as those of ordinary insanity, owing to the limited mental range of the imbecile. Cases have been reported where attacks of melancholia or mania have developed in imbeciles in consequence of a severe mental shock, like the sight of a sudden death, a fright, or some overwhelming calamity, but such causation seems rare. In the great majority of insane imbeciles, heredity undoubtedly plays a most important part. The insane imbecile, in almost every instance, inherits an unstable nervous organization from an insane ancestor, which is liable to take on diseased action at the various physiological epochs of life. The great majority of those who become insane develop mental trouble at puberty, some at the beginning of adult life, and a few at the grand climacteric. I am also of the opinion that masturbation or sexual vices are most important aetiological factors of insanity in these defective organizations.



As a result of the above inquiry into the insanity of imbeciles the following conclusions may be given:

1. As a rule the lowest grade of imbeciles are irritable and impulsive, especially when annoyed, but they do not have delusions nor can they properly be considered insane.

2. In the next higher grade of imbecility an actual insanity is developed, which assumes the form of impulsive acts, morbid propensities and even acts of suicidal or homicidal intent, without delusions and without sustained mental disturbance.

3. A still higher grade of imbecility exists in which attacks of acute and recurrent mania, simple melancholia, and malancholia with systematized delusions may be present. These attacks run about the same course as in persons who possess a normal brain.

4. In cases of moral insanity, so called, or of imbecility with moral perversion, there is always present from the age of puberty a well marked mental deficiency of a progressive character, which goes on to confirmed dementia. The apparent moral defect is in reality a mental one.

5. The determining causes of the development of insanity among imbeciles are generally physiological epochs or crises, or vicious practices or indulgences acting upon a neurotic organization which has been directly inherited from an insane or dissolute parent.







